

MODEL PD FORMAT WITH INSTRUCTIONSSTATE OF MONTANA
OFFICE OF PUBLIC INSTRUCTION

POSITION DESCRIPTION

ALLOCATION: To be completed after final classification approval by the State Personnel Division or by agencies with delegated classification authority:

Class Code

Title

Grade

_____ **FILLED IN BY CLASSIFIER** _____***** PART I: Identification *******CURRENT CLASSIFICATION:** Class Code: (Get from current
(current) p.d. or personnel)Title:**AGENCY: OPI**
No:Agency Code: **3501**PositionDepartmentDivisionBureauSectionUnit**ADDRESS:**Building & StreetRoom
NumberCityZip
CodeBusiness
Telephone**FUNCTIONAL DESCRIPTION OF THE WORK UNIT:****(Brief description of service/function of: Department/Division/Section/Unit)**

***** PART II: Job Description *****

(Two or three sentences describing the reason for the position's existence)

1. ASSIGNED DUTIES:

%

(Describe major (essential) duties/responsibilities – no more than 7 duties most have 3-5; otherwise, consolidate. A duty can be either a single word or a complete statement. Put % of time spent performing each duty but do not break down by less than 10%.

Describe how duties are performed by task statements – what done, to whom/what, why, and how. This should describe the decisions and or skills that are involved in mental or physical operations. It should specify the application involved such as procedures, techniques, policies/laws/standards, theories and the nature of the work elements which must be handled to perform the work i.e., issues, data, facts, concepts, information, equipment.

Describe management or supervisory work as a duty.)

2. WORKING CONDITIONS AND PHYSICAL DEMANDS:

(Describe if travel is by auto, 1,000 mi./month averaged annually, other frequent travel, hazards, lifting, abnormal working hours or environment.)

3. KNOWLEDGE, SKILLS, AND ABILITIES:

(Describe necessary knowledge, skills, and behaviors and how this body of competencies is used.)

Education and Experience

Don't forget "Education and Experience" section. This describes the typical method of acquiring competencies. Include any necessary degrees, licensure, certification and registration.)

4. **MANAGEMENT and SUPERVISION of OTHERS:**

<u>Position No.</u>	<u>Class Code</u>	<u>Title</u>	<u>Grade</u>	<u>FTE</u>
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**(number of FTE in
the position i.e.,
1 or .5)**

(Also indicate the positions “indirectly” supervised – supervised by subordinates. Indicate the employee/employer relationship in a statement at the top of the list i.e., “line supervisor”: (signs performance appraisal and uses independent judgment in the interest of management); “leadworker”: (performs the same or similar level work of those directed, relays assignments from a higher level supervisor and does not sign performance appraisals); and “management”: (determines organization, operations, standards, policies, performance criteria, and supervises subordinate supervisors or other subordinates, implements corrective action/discipline, allocates resources, coordinates work unit programs with others, plans work methods and workflow, determines long-range goals) NOTE: THIS DEFINITION IS MEANT AS A GUIDE FOR DEFINING THE NATURE OF THE SUPERVISION AND IS NOT MEANT TO BE THE FINAL SUPERVISORY LEVEL, WHICH WILL BE DETERMINED BY A CLASSIFIER.

Total organizationally subordinate FTE's: (The total of the direct and indirect FTE supervised by this position)

5. **SUPERVISION RECEIVED:**

(Describe how work is assigned, priorities and methods determined; what guidance and procedures are provided; what assistance is received from others; how and when is work reviewed; what method is it reviewed i.e., by task or objective. Indicate what position is the immediate supervisor.)

6. **SCOPE & EFFECT:**

(What are the objectives of the work unit. How do the actions and decisions of the position directly impact their achievement and for which the position can be held accountable.)

7. **PERSONAL CONTACTS:**

(Indicate who, purpose and frequency of the contacts. Describe the nature of the contact i.e., conflict, negotiation, strategies, exchange of information.)

*****PART III: Signatures *****

IMMEDIATE SUPERVISOR

To the best of my knowledge, the statements in Parts I and II are accurate and complete.

Signature _____

Date: _____

Name: _____
(Please Print)

Title: _____
(Please Print)

EMPLOYEE

To the best of my knowledge, the statements in Parts I and II are accurate and complete

Signature _____

Date: _____

Name: _____
(Please Print)

Title: _____
(Please Print)

ADMINISTRATIVE REVIEW

Signature _____

Date: _____

Name: _____
(Please Print)

Title: _____
(Please Print)

Signature _____

Date: _____

Name: _____
(Please Print)

Title: _____
(Please Print)

Agency Director
or Designee: _____

Date: _____

Name: _____
(Please Print)

Title: _____
(Please Print)